

Report HCSD 79-003

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MILITARY OCCUPATIONAL HEALTH SURVEILLANCE PROGRAM

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Final Report

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Prepared for:

UNITED STATES ARMY HEALTH SERVICES COMMAND (HSPA-A)  
Fort Sam Houston, Texas 78234

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of military personnel determined to be potentially exposed to occupational or job-related hazards would require more adequate staffing to provide the services. Identification of personnel at risk could be facilitated using guidelines for SSIs and MOSs with potential exposures to hazards. These medical surveillance guidelines are available from USAEHA. Additional requirements are determined by on site inspections and industrial hygiene hazards inventories.

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## MILITARY OCCUPATIONAL HEALTH SURVEILLANCE PROGRAM

### 1. INTRODUCTION.

a. Purpose. The purpose of this study is to document how job specific medical surveillance of military personnel determined to be potentially exposed to occupational or job-related hazards is provided.

b. Background.

(1) Public Law 91-596, known as the Occupational Safety and Health Act (OSHA), attempts "to assure so far as possible every working man and woman in the nation safe and healthful working conditions." Section 19 of the OSHA states: "it shall be the responsibility of the head of each federal agency to establish and maintain an effective and comprehensive occupational safety and health program." In September 1974, the President issued Executive Order 11807 titled "Occupational Safety and Health Programs for Federal Employees" which requires an annual evaluation of the Occupational Safety and Health Program of every federal department and agency. Army Regulation 40-5, Health and Environment, 25 September, 1974, requires submission of an annual occupational health report (DA Form 3076). These documents establish the authority for and the scope of the Army Occupational Health Program, as well as establish the need for job specific medical surveillance of personnel with potential job-related occupational health hazards.

(2) The Army has had an Occupational Health Program since 1942 when the Army Environmental Health Service was established at the Johns Hopkins University, School of Hygiene and Public Health. It was the mission to identify potential occupational health hazards and recommend corrective or protective measures which could be implemented so as to minimize: injury, illness to personnel, and time lost from the job.

(3) At the installation level, the DA Occupational Health Program is generally being administered by the Occupational Health Clinic where DA civilian employees identified as having potentially hazardous occupational exposures receive job specific medical surveillance (as opposed to a complete, general physical examination). Military personnel are also subjected to a wide variety of potential occupational health hazards. They often work right next to a DA civilian employee who receives periodic, job specific medical surveillance. At the present time, the active duty military does not usually enjoy these same benefits. Yet, DA and the AMEDD are required by OSHA and AR 40-5 to provide such examinations. Generally, the soldier receives only the general periodic physical required by AR 40-501.

(4) The Army's OSHA program is a matter of concern to the Inspector General of the Army as well as the Deputy Chief of Staff for Personnel (DCSPER) who are responsible for the overall command supervision of the OSHA program, to the Surgeon General, and the Commanding General, Health Services Command who are required to implement the medical aspects



of the OSHA program which are required by law. The OSHA program is also of interest to the Army Audit Agency and the Government Accounting Office.

LTC Rosenberg, Chief, Community Health Practices Branch, Health and Environment Division, Academy of Health Sciences requested (see Appendix A) a study be conducted to develop a health care delivery system which will provide for job specific medical surveillance of military personnel determined to be potentially exposed to occupational or job-related hazards. The program would provide specific medical surveillance for each military Specialty Skill Identifier code (SSI) or Military Occupational Specialty (MOS).

(6) In a study for providing occupational health services to military personnel at Ft. Carson, Hamper (1978), noted that only civilian personnel (2,092) were being provided with occupational health services. To provide for military personnel, additional manpower would be required to deal with the increased workload. In order to handle the approximately 5,000 additional personnel (military), the addition of one medical officer (Occupational), and 2.62 occupational health nurses to the existing one occupational health nurse and one clerk-typist were recommended. The additional personnel were determined from the staffing guide in DA Pam 570-557 (Table 557-183: Occupational Health) using a factor of .5 work units per military personnel. Specifically, the 5,433 military personnel multiplied by a factor of 0.5 work units per military personnel, would result in an additional workload of 2,716. The combined military and civilian work unit figure of 4,808 was used to determine the total staffing level needed.

(7) Report bibliographies on military occupational health were prepared by Defense Documentation Center (search number 068357) and by Defense Logistics Studies Information Exchange (search number 2840-78). These literature searches revealed few references. In support of the Occupational Safety and Health Act, Army Regulation 40-5, Health and Environment, requires submission of an annual occupational health report (DA Form 3076). Since 1973, the US Army Environmental Hygiene Agency, Aberdeen Proving Ground, Maryland, has annually prepared cumulative summary reports from the occupational health reports submitted from the varying commands and agencies to US Army Health Services Command. As reported in the Army Occupational Health Program 1976 report, some installations with very large military populations reported little information on occupational health services for military personnel. In most cases, many services were provided, but no mechanism to gather information apparently existed, particularly for military personnel.

## 2. OBJECTIVES.

The study objectives are to:

a. Determine how commanders provide for job specific medical surveillance of military personnel considered to be potentially exposed to occupational or job-related hazards.

b. Develop an AMEDD health care delivery system which will provide for job specific medical surveillance of military personnel determined to be potentially exposed to occupational or job-related hazards.

### 3. METHODOLOGY.

a. Overview. The general methodology was to mail survey packets to medical treatment facility commanders to determine facets of their occupational health program. When completed, the surveys were returned to the investigator by mail.

b. Procedure. Letters from the Commander, Health Services Command (HSC) were sent to all Health Services Command medical activities with accompanying survey packets (N = 37). Appendix B contains the survey instrument and the HSC letter. The survey instrument collected information on: type of population served, how occupational health services are provided, how medical records are maintained, what provisions are made for identifying active duty military with potential exposure to occupational health hazards, how job specific medical surveillance of personnel is met, how it might be conducted, and who would be an acceptable manager of an occupational health system. A return address stamped form allowed the respondents to mail completed surveys back.

### 4. FINDINGS.

a. Sample characteristics. A total of 37 out of 37 (100%) contacted HSC medical treatment activities responded.

b. Overview. Responses of all medical treatment activities were pooled together. Where there were more than one report from a medical activity (satellite clinics sometimes reported separately), multiple responses were recorded. Areas of interest included: Population, Organization, Identification of personnel, Medical records, Scheduling, Where medical examinations were performed, Medical criteria, Continuity of care, and Acceptable manager of occupational health system. Results were based on the percentage of responders from the total responses made to specific questions. Appendix B depicts a summary of the results.

c. Population. The population served at a medical treatment facility (MTF) ranged from 200 to 38,000 active duty military, while from 1565 to 68,200 federal civilian employees were served. The median populations were 10,100 active duty military and 3,800 federal civilian employees.

d. Organization. The occupational health program was either an element of the MEDDAC Preventive Medicine Activity (90%), or part of the Department of Primary Care and Community Medicine (10% of the MTFs). The Occupational Health Clinic was generally a separate health clinic (57%); if not a separate health clinic, the most frequent occurrence was as a service in the Preventive Medicine activity. For 50% of the occupational health programs, all personnel (civilian, active duty military, and military beneficiaries) used the same health clinic facilities and health clinic personnel. Civilian personnel alone used the Occupational Health Clinic facility in 14% of the programs. Civilian and active duty

military might be served, but not necessarily both in the same health facility (in 36% of the MTFs).

e. Identification of Personnel. For civilians exposed to potential health hazards, medical surveillance was conducted on the basis of the job performed (97%). For active duty military, problems cited were: limited or no available program, a program being initiated, not all personnel being identified, or medical surveillance for only specific types of hazards. The medical surveillance of active duty military was more related to job performed (75%), specific exposures, industrial hygiene surveys, or on site inspections, than on the basis of the soldier's MOS or Specialty Skill Identifier (SSI) (19%). Active duty military working outside of their MOS or SSI, if identified at all, were picked up by the job performed, by hazards inventories, and on site inspections.

Active duty military with potential health hazards could best be identified by having the US Army Environmental Hygiene Agency (USAEHA) provide MTFs with a list of SSIs and MOSs with potential for exposures to hazards and toxic substances. Since the study was conducted, a technical guide entitled, Appendix H - Recommendations for Periodic Job-Related Examinations for Military Occupational Specialties and Specialty Skill Identifiers has been published by USAEHA. With this list of MOSs and SSIs, SIDPERS could write a program to match an individual soldier's name with SSI or MOS, then the Military Personnel Office could provide a check with the actual job being performed. Every separate operation should be inventoried using industrial hygiene surveys. All newly assigned active duty military personnel should be examined and, if necessary, identified as having a potentially hazardous SSI or MOS (potentially being exposed to an occupationally related health hazard). This identification should be done through the occupational health program within two weeks of arrival to obtain the work history and establish the need for medical monitoring of newly assigned active duty military being potentially exposed to a hazardous position.

f. Medical Records. Medical records were provided for every civilian employee at 58% of the MTFs. Medical records for some non-appropriated fund employees (NAF) were not always maintained or established because of the rapid turnover of NAF personnel. Civilian employees' medical records were maintained in the Occupation Health Clinic (63%). If not in a separate Occupational Health Clinic, civilian records were frequently maintained in the Occupational Health Service or section of Preventive Medicine. Active duty military medical records were not kept in the Occupational Health Clinic, but generally in troop medical clinics (TMCs), in the Patient Administration Division (PAD), or in the outpatient records section.

There was much inconsistency regarding how the records of active duty military with potential occupational hazards were identified. Some MTFs had no identification system at all, some stamped or colored the jacket cover of the medical record to identify exposure to specific hazards (i.e., radiation), while others relied only upon the content of the medical records. There was no code or system to list hazard exposures or the need for specific medical surveillance, or means of notifying the occupational health program of the need for specific surveillance.

g. Scheduling. A suspense roster was maintained for active duty military requiring medical surveillance for potential occupational health hazards (64%). The schedule for active duty personnel at risk was generally manually tabulated (75%), though it was automated at some MTFs (7%). The Occupational Health Clinic (56%) or the Occupational Health Service or occupational health nurse (11%) had the responsibility for maintaining the suspense roster for scheduling and notifying active duty military requiring medical surveillance. SIDPERS was the next most cited agency (14%) responsible for maintaining the suspense roster for active duty military. Civilian employees at risk are notified and scheduled for medical surveillance by the occupational health program notifying the supervisors and/or the individual either directly or through the Civilian Personnel Office.

New additions and/or changes to the roster for active duty military at risk are most frequently handled by the supervisors. Coordination with units, or with SIDPERS, or with the Military Personnel Office, use of Industrial Hygiene surveys and on site visits, allowed confirming changes and additions to the roster. The best method for scheduling of medical surveillance for active duty military exposed to potential occupational health hazards seemed to be some combination of direct contact with the supervisor, coordination between the occupational health program and the unit, SIDPERS, or the Military Personnel Office, to account for any new additions and/or changes.

h. Where Medical Examinations Were Performed. The medical examinations for civilian personnel exposed to potential health hazards are generally performed in the Occupational Health Clinic (59%) or the Physical Examination Section (16%). The medical examinations for active duty military personnel exposed to potential health hazards are performed in the Occupational Health Clinic (49%) or in the Physical Examination Section (37%). The Occupational Health Clinic would be the best choice for having responsibility for performing the medical examination for the active duty military personnel at risk, with the Physical Examination Section being the second most appropriate clinic (considering available personnel and qualifications).

i. Medical Criteria. The criteria used to determine how the medical examination will be tailored to the specific needs of the individual active duty military person exposed to potential health hazards were job being performed (43%) and previous medical history (30%). For examination of individual civilian personnel exposed to potential hazards, the criteria were job being performed (39%), previous medical history (28%), and job series (23%). The criteria best suited for determining how the medical examination should be tailored to the specific needs of the active duty military personnel at risk would be: job being performed, potential hazards exposed to, and previous medical history. It was felt that the same medical examination criteria for civilians should be applied to the active duty military personnel at risk.

j. Continuity of Care. When new civilian employees arrived, CPO and/or the supervisor insured that the new individual processed through the Occupational Health Clinic or service to schedule pre-employment physical examinations and survey work history. Most MTFs did not have a program for insuring that the

newly arrived active duty military personnel either become acquainted with the occupational health program, are provided medical examinations, or identified. Reports by supervisors and on site visits are mechanisms intended to identify new active duty military personnel.

For civilian workers departing for another job, CPO frequently handles the transfer of records, though some MTFs had no formal plan for civilian workers. When active duty military personnel leave, the individual may hand carry the record, or the Military Personnel Division may forward the records. The occupational health program was not involved in the transfer of medical records for either the active duty military or the civilian workers.

k. Acceptable Manager of Occupational Health System. The occupational health nurse was cited most frequently as the individual available and qualified to run the medical occupational health surveillance program at the MTF, while an occupational health physician was reported next.

l. Comments. The most frequently occurring comments addressed the need for adequate staffing. The staffing guides were written when annual physicals were required for active duty military personnel and at a time when OSHA was not applicable for the military. It was felt that staffing should be based upon the populations served, to include satellite populations of active duty military and civilian personnel, rather than just the current on-post civilian employees. With an adequate staff, more complete occupational health services could be provided.

## 5. DISCUSSION.

a. How job specific medical surveillance is provided. Staffing of occupational health programs has been based on the number of civilian employees served. This means that the active duty military personnel may receive less than adequate medical surveillance. Civilians are identified on the basis of the job performed. Their medical records are maintained by the occupational health program, which coordinates scheduling with the individual employee and/or supervisor. Medical examinations of civilians exposed to potential health hazards reflect the job performed, previous medical history, and job series. The medical examinations are performed in the Occupational Health Clinic or the Physical Examination Section. Continuity of care was established by new civilian employees processing through the Occupational Health Clinic to schedule pre-employment physical examinations and survey work history.

For active duty military personnel determined to be potentially exposed to occupational or job-related hazards, medical surveillance programs were limited, if available. Medical surveillance was rated to the job performed rather than the SSI. Hazards inventories and on site inspections were used to assist in identification of personnel. The medical records of active duty military were not kept in the occupational health program, but either in the TMCs, PAD, or outpatient records sections. In order for the Occupational Health Clinic to have access, duplicate records would have to be made of the medical records. There was inconsistency in identifying active duty military with potential occupational hazards; some identified the medical record jacket, some relied upon the content of the medical records, others had no identification

system. A manually tabulated suspense roster was used for scheduling required medical surveillance. The medical criteria used were job performed and previous medical history. The medical examinations were conducted in the Occupational Health Clinic or the Physical Examination Section. Reports by supervisors are intended to identify new personnel. When active duty military leave a position, the individual may hand carry the medical record, or the Military Personnel Division may forward the records.

b. Development of an AMEDD health care delivery system which will provide for job specific medical surveillance of military personnel determined to be potentially exposed to occupational or job-related hazards. Active duty military at risk could be best identified by having the USAEHA provide MTFs with a guide of SSIs and MOSs with potential exposures to hazards and toxic substances. From the list of SSIs and MOSs, SIDPERS could provide a program to match names with SSIs, which could be confirmed by the Military Personnel Office. Hazards inventories and on site visitations should be included to identify additional requirements. A check list of medical surveillance required for a particular SSI or MOS, plus additional requirements, should be made part of the permanent medical records. All newly arrived active duty military personnel assigned to known potentially hazardous jobs, or carrying SSIs or MOSs designated as potentially hazardous, should be referred through the occupational health program within two weeks of arrival to obtain a work history, and to establish the need for medical monitoring. The medical records jacket should be color coded to identify individuals at risk. Rosters of active duty military should be identified by a code alerting examining physicians to special medical requirements. This identifying code should also be included in the permanent medical record.

More than identifying the personnel at risk is required. Adequate staffing to provide appropriate services and medical surveillance has the highest priority. If additional staffing is not available, closer coordination with Physical Examination Section, the TMCs, PAD, and the Military Personnel Office may assist in the redistribution of available resources.

## 6. CONCLUSIONS.

a. Occupational health is directed toward meeting the requirements for job specific medical surveillance of civilian employees. On the basis of the job being performed, civilians are identified, scheduled, examined for potential hazards, and continuity of care and services provided.

b. For active duty military personnel determined to be potentially exposed to occupational or job-related hazards, medical surveillance programs are limited, if available at all.

c. An AMEDD health care delivery system which would provide for job specific medical surveillance of military personnel determined to be potentially exposed to occupational or job-related hazards would require more adequate staffing to provide the services. Identification of personnel at risk could be facilitated using guidelines for SSIs and MOSs with potential exposures to hazards. These medical surveillance guidelines are available from USAEHA. Additional requirements are determined by on site inspections and industrial hygiene hazards inventories.

7. RECOMMENDATIONS.

- a. Recommend that the findings of this report be made available to HSC and USAEHA to document the need for specific medical surveillance guidelines for active duty military.
- b. Recommend that occupational health program staffing levels reflect the care provided to all civilian and active duty military personnel at risk.
- c. Recommend that the model proposed in Appendix C be considered and further developed for implementation by HSC.
- d. Recommend periodic surveys be conducted to determine how occupational health services are being met.

## Appendix A



HSA-IHE

## Proposed HSC Health Care Delivery Study Program

TO/ THRU ASI, ~~AMS~~ 24 Feb 77

FROM G, H&amp;E Div, AMS

DATE 24 Feb 77

CMT 1

J.R. LTC Rosenberg/ram/221-2551

TO

AS/CDHSC

ATTN: HSA-CHC

1. Title: Problems associated with development of a functional health care delivery system for the provision of "Job Specific Medical Surveillance" of military personnel and their potential occupational health exposures.

2. Submitted by: Community Health Practices Branch, Health and Environment Division, Academy of Health Sciences.

3. Statement of Need:

a. The Occupational Safety & Health Act (OSHA) codified in 29 CFR part 1960, Executive Order #11807 making the act binding upon all Federal Agencies, and AR 40-5, Health and Environment, Chapter 4 which provides the authority for and the scope of the Army Occupational Health Program, establish the need for job specific medical surveillance of personnel with potential job related occupational health hazards. The Army has had an Occupational Health Program since 1942 when the Army Environmental Health Service was established at the Johns Hopkins University, School of Hygiene and Public Health. It's mission was to identify potential occupational health hazards and recommend corrective or protective measures which could be implemented so as to minimize personnel injury and illness. The above was intended to minimize worker absenteeism and enhance the support of the "War Effort."

b. At the installation level, the DA OSHA program is generally being administered by the Civilian Employee Health Clinic (CEHC) where DA civilian employees identified as having potentially hazardous occupational exposures receive job specific medical surveillance (as opposed to a complete, general physical examination.) Military personnel are also subjected to a wide variety of potential occupational health hazards. They often work right next to a DA civilian employee who receives periodic, job specific medical surveillance. The GI however, at the present time does not enjoy these same benefits, yet DA and the Army Medical Department (AMEDD) are required by Law to provide such examinations. The GI currently receives only the general periodic physical required by AR 40-501.

c. It is therefore hereby proposed that AMEDD develop a health care delivery system which will provide for job specific medical surveillance of military personnel determined to be potentially exposed to occupational or job-related hazards. This program should be based upon the soldier's skill specialty identifier (SSI). Job specific medical surveillance should be developed for each SSI, and personnel be required to submit to these examinations in the same way they are currently required to receive their immunizations. Such examinations could possibly be administered by Physical Exam Sections, but might perhaps be conducted or administered at the Occupational Health Clinic (currently identified as the Civilian Employee Health Clinic.)

DA FORM 2496

REPLACES DD FORM 55, WHICH IS OBSOLETE.

U.S. G.P.O. 1975-665597/1018

HSA-IHE

24 Feb 77

SUBJECT: Proposed HSC Health Care Delivery Study Program

d. Assistance in the development of this Health Care Delivery System can be obtained from the Director, Occupational and Environmental Health Directorate, US Army Environmental Hygiene Agency, Aberdeen Proving Grounds, MD 21010.

4. Results of the study will provide MEDDAC and Medical Commanders a uniform, systematic, health care delivery methodology for providing job specific medical surveillance of uniformed personnel based upon their SSI. It will allow the AMEDD to provide these essential services which are required by Law in a timely manner, and it will facilitate the planning of an equitable distribution of the workload for the hospital units supporting this requirement (clinic, laboratory, X-ray, etc..).

5. Priority:

The Army's OSHA program is a matter of concern to the Inspector General of the Army who is responsible for the overall Command Supervision of the OSHA program, to the Surgeon General, and CG, HSC who are required to implement the medical aspects of the program which are required by Law, and has and continues to be of interest to the Army Audit Agency (AAA) and the Government Accounting Office (GAO). At the present time, provisions for medical surveillance of military personnel with respect to the requirements of OSHA are in need of structuring and formalization. In view of the above, this study should be undertaken immediately, and completed within 6-12 months.

6. Point of Contact: LTC Donald M. Rosenberg  
Community Health Practices Branch  
Health and Environment Division  
Academy of Health Sciences  
Telephone: 221-2551

*Warren W. Giddens*  
WARREN W. GIDDENS, M.D.

*for* COL, MC  
C, H&E Div

Appendix B



DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY HEALTH SERVICES COMMAND  
FORT SAM HOUSTON, TEXAS 78234

S: 27 November 1978

HSPA-P

31 OCT 1978

SUBJECT: Occupational Health Program Survey

Commanders  
HSC MEDCEN/MEDDAC

1. The Health Care Studies Division, Academy of Health Sciences, US Army, as authorized by this headquarters, is conducting a one-time survey of Army Occupational Health Programs.
2. The purposes of this survey are to determine how the Occupational Safety and Health Act (OSHA) requirements are being met and how active duty military exposed to occupational or job-related hazards are being provided job specific medical surveillance.
3. The questionnaire at Inclosure 1 should be completed by the occupational health physician, occupational health nurse supervisor, or other person designated responsible for the occupational health program for your medical activity and health service area and returned not later than 22 November 1978 to the address shown on the back of the questionnaire.

FOR THE COMMANDER:

1 Incl  
as

  
H. L. COOP.  
LTC, AGC  
Asst AG



## OCCUPATIONAL HEALTH PROGRAM SURVEY INSTRUCTIONS

1. The Health Care Studies Division, US Army Academy of Health Sciences, as authorized by the Commander, US Army Health Services Command, is conducting a one-time survey of Army Occupational Health Programs.
2. The purposes of this survey are to determine how the Occupational Safety and Health Act (OSHA) requirements are being met and how active duty military exposed to occupational or job-related hazards are being provided job specific medical surveillance.
3. Please answer all questions as accurately as possible. If you do not know and are unable to find an answer, please indicate this by "UNK". If the question is not applicable to your installation, indicate this by "NA". Most questions are self-explanatory. Please use added pages where necessary.
4. The questionnaire should be completed by the occupational health physician, occupational health nurse supervisor, or other person designated responsible for the occupational health program.
5. When the questionnaire is completed, please follow the instructions for folding and stapling (as indicated on the reverse of the last page) before returning the survey through the mail.
6. Any survey questions requiring clarification or further explanation may be directed to: Dr. A. David Mangelsdorff, AUTOVON 471-3331 or 4541.
7. It is requested that the survey be completed and returned as soon as possible, but in any case not later than 22 November 1978.

OCCUPATIONAL HEALTH PROGRAM SURVEY

1. POPULATION:

Medical Treatment Facility: \_\_\_\_\_

Major Tenants. List the name and major command of each tenant activity supported by the Occupational Health Clinic:

\_\_\_\_\_

\_\_\_\_\_

Population Served. Please estimate the number of individuals receiving health care:

SOURCE OF INFORMATION

- a. Active duty military \_\_\_\_\_
- b. Fed. civilian employees \_\_\_\_\_

2. ORGANIZATION:

Under what jurisdiction does the occupational health program function? (Check the appropriate ONE):

- a. The occupational health program is an element of the MEDDAC

90%    36    Preventive Medicine Activity

10%    4    Department of Primary Care and Community Medicine

\_\_\_\_\_ Other, Specify: \_\_\_\_\_

- b. The occupational health clinic is a

57%    21    Separate Health Clinic

43%    16    Other, Specify: \_\_\_\_\_

In what type of facility are occupational health services provided? This question refers only to the occupational health services, not to general medical services (Check ONE)

- a. 0    No centralized occupational health program

50% b. 21    All personnel (civilian, active duty military, and military beneficiaries) use the same health clinic facilities and health clinic personnel

14% c. 6    Civilian personnel alone use the occupational health clinic facility

36% d. 15    Other, Explain \_\_\_\_\_

3. IDENTIFICATION OF PERSONNEL:

- a. For civilians exposed to potential health hazards, is medical surveillance conducted on the basis of the job performed?

97% 36 Yes

3% 1 No, Explain \_\_\_\_\_

- b. For active duty military with potential exposure to occupational health hazards, is medical surveillance conducted with regard to the job performed?

75% 30 Yes

25% 10 No, Explain \_\_\_\_\_

- c. For active duty military with potential exposure to occupational health hazards, is medical surveillance conducted on the basis of the soldier's Specialty Skill Identifier (SSI)?

19% 7 Yes

81% 29 No, Explain \_\_\_\_\_

- d. How is medical surveillance provided for active duty military personnel working outside of their SSI?

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- e. How could active duty military with potential health hazards be best identified?

Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. MEDICAL RECORDS:

- a. Is there a medical record for every civilian employee?  
(Appropriated fund and nonappropriated fund employees)

58% 23 Yes

42% 17 No, Explain \_\_\_\_\_





- d. Which agency(s) has responsibility for maintaining the suspense roster for scheduling and notifying active duty military requiring medical surveillance for potential occupational health hazards?  
(If more than one, please explain)

14%     5 SIDPERS  
8%     3 Military Personnel Administration Center  
       0 Consolidated Personnel Administration Center  
56%     20 Occupational Health Clinic  
6%     2 Physical Examination Section  
2%     1 Troop Medical Clinic  
11%     4 Occupational Health Services or Occupational Health Nurse  
2       1 Other NA

Explain more than one \_\_\_\_\_

- e. How are civilian employees at risk scheduled and notified for medical surveillance?

Explain \_\_\_\_\_

- f. How could the scheduling of medical surveillance for active duty military exposed to potential occupational health hazards be best performed? (Responsible agency and methodology to be employed)

Explain \_\_\_\_\_

6. WHERE MEDICAL EXAMINATIONS PERFORMED:

- a. Where are medical examinations performed for civilian personnel exposed to potential health hazards?

59%     26 Occupational Health Clinic  
       0 Preventive Medicine Clinic  
5%     2 Ambulatory Care Clinic  
20%     9 Other \_\_\_\_\_  
16%     7 Physical Examination Section

b. Where are medical examinations performed for active duty military personnel exposed to potential health hazards? (If more than one, please explain)

49%     21 Occupational Health Clinic  
37%     16 Physical Examination Section  
7%      3 Troop Medical Clinic  
4%      2 Ambulatory Care Clinic  
2%      1 Preventive Medicine Clinic

Other \_\_\_\_\_

Explain more than one \_\_\_\_\_

c. What clinic(s) would be best employed (in terms of available personnel and qualifications) for having responsibility for performing the medical examination for the active duty military personnel at risk?

Explain \_\_\_\_\_

#### 7. MEDICAL CRITERIA:

a. What criteria are used to determine how the medical examination will be tailored to the specific needs of the individual active duty military person exposed to potential health hazards?

13      10 General Physical Examination  
13      10 SSI  
43      32 Job Performed  
30%     22 Previous Medical History

Other \_\_\_\_\_

Explain \_\_\_\_\_

- b. What criteria are used to determine how the medical examination will be tailored to the specific needs of the individual civilian personnel exposed to potential hazards?

10%      9 General Physical Examination

23%      21 Job Series

39%      35 Job Performed

28%      25 Previous Medical History

Other \_\_\_\_\_

Explain \_\_\_\_\_

- c. What criteria would be best for determining how the medical examination should be tailored to the specific needs of the active duty military personnel at risk?

Explain \_\_\_\_\_

8. CONTINUITY OF CARE:

- a. When a new worker arrives, what system is available to insure that the new individual receives adequate medical surveillance for potential occupational health hazards (to include identification, notification, scheduling, medical examinations, and follow-ups)?

for Civilian Employees: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

for Active Duty Military Personnel: \_\_\_\_\_

not provided 12 \_\_\_\_\_

\_\_\_\_\_

- b. When a worker departs for another job (or is transferred), how is the receiving agency informed of the workers' previous medical and occupational history?

for Civilian Employees: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

for Active Duty Military Personnel: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. ACCEPTABLE MANAGER OF OCCUPATIONAL HEALTH SYSTEM:

Taking into account available personnel resources and their qualifications, which of the following would be acceptable to run the medical occupational health surveillance program at your installation? (Check one(s) acceptable) (If not, why?)

16 Occupational Health Physician

9 Preventive Medicine Physician

1 Ambulatory Care Physician

4 General Medical Officer or Family Practice Physician

31 Occupational Health Nurse

7 Community Health Nurse

9 Environmental Science Officer

5 Industrial Hygienist

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. IDENTIFICATION OF RESPONDENT:

Job title: \_\_\_\_\_ Rank/Rating: \_\_\_\_\_

Number of months at present position \_\_\_\_\_

AUTOVON where can be reached \_\_\_\_\_

Thank you for your cooperation. If you wish to offer additional comments, please do so.

1

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Dr. A.D. Mangelsdorff

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## Appendix C

## Occupational Health Program Model

### I. Prevention by PVNTMED Activity

- A. Overall program coordination
- B. Medical surveillance examinations for military and civilians
  - 1. pre-employment
  - 2. job-related
  - 3. administrative (retirement, etc.)
- C. Follow-up on care provided, referrals, etc.
- D. Support programs
  - 1. industrial hygiene
  - 2. hearing conservation
  - 3. occupational vision
  - 4. health education
  - 5. occupational health administration

### II. Treatment by Department of Primary Care and Community Medical Services

- A. Civilian personnel
  - 1. occupational illness/injury
    - a. treated at ER or health clinic
    - b. referred to private physician or MTF of choice
    - c. referred to PVNTMED for follow-up
  - 2. Non-occupational illness/injury
    - a. Palliative care at ER or health clinic
    - b. Referred to private physician



**B. Military Personnel**

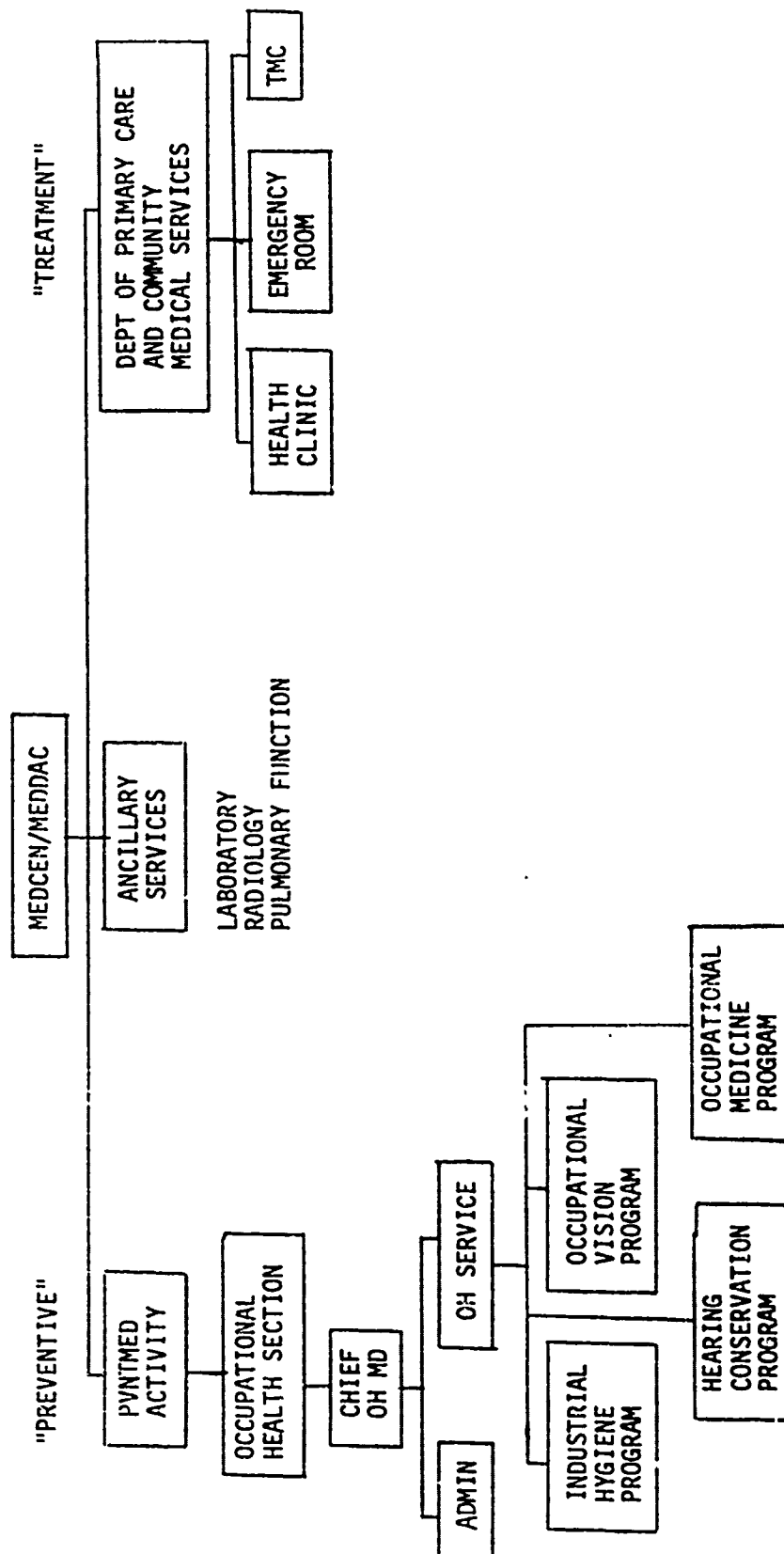
**1. All illness/injury**

- a. Treated at ER, TMC, or health clinic
- b. Referred to appropriate clinic/service for further care
- c. Referred to PVNTMED for follow-up, if occupational

**2. Physical exams**

- a. Records flagged for occupational exposure
- b. Coordinate with PVNTMED on occupational aspects

OCCUPATIONAL HEALTH MODEL



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